## An unusual case of self-inflicted multiple needles injuries to eye

## Shweta Gaur, H K Bist, Vishal Sinha, Mausam Gupta

Self-inflicted eye injuries among psychiatric patients are rare but important group of ophthalmic conditions that require close cooperation between different medical specialties to ensure optimum care of the severely disturbed patient. They have been associated with a variety of disorders, including paranoid schizophrenia, drug-induced psychosis, obsessive-compulsive disorder, depression, mental retardation, and ritualistic behavior. It has been described in both adults and children, but occurs most commonly in young adults with acute or chronic psychoses.

Key words: Self-inflicted, ocular injury, needle

Access this article online
Website:
www.ijo.in
DOI:
10.4103/0301-4738.119444

Quick Response Code:

Self-mutilation, the deliberate destruction or alteration of body tissue<sup>[1]</sup> without conscious suicidal intent, occurs in a variety of psychiatric disorders. Management<sup>[2]</sup> of self-inflicted eye injury requires close cooperation between ophthalmologists and psychiatrists to prompt diagnosis and treatment<sup>[3]</sup> of any injuries and treatment of the underlying behavior.

We report a case of a 23-year-old male presented in the eye out patient department (OPD) for removal of tailoring needles from both lids and adjoining area. He was apparently alright 2 months back, then he developed headache. Headache was severe and throbbing in nature and present throughout the day. He took some local medications but did not get relieved. Then he consulted a physician, who advised him for aqua-puncture. Then he inserted 10 simple tailoring needles himself one in a day, four needles under the skin of middle of forehead, two under the skin of upper lid right eye, two under the skin of upper lid left eye, and two under the skin of the lateral side of left eye. After that he got relieved completely. X-Ray of both Antero-Posterior (AP) and Lateral view revealed multiples needles [Figs. 1 and 2]. The needle has been removed under general anesthesia by making small incision near entry of all needles.

## Discussion

Self-injury<sup>[4]</sup> can be prevented by timely interventions, it almost always occurs during florid psychosis. All patients will require long-term follow-up of their condition.

Upgraded Department of Ophthalmology and Psychiatry, Sarojini Naidu Medical College, Agra, Uttar Pradesh, India

Correspondence to: Dr. Shweta Gaur, 6/4042, Ramdham, Madhav Nager, Saharanpur, Uttar Pradesh - 247 001, India. E-mail: shwetagaur2008@gmail.com

Co-author – Late Dr. Harish K. Bist, Associate Professor, Department of Ophthalmology, Sarojini Naidu Medical College, Agra 282002, India.

Manuscript received: 20.06.12; Revision accepted: 09.04.13



Figure 1: X-Ray AP view showing multiple tailoring needles around both eyes



Figure 2: X-Ray Lateral view showing multiple tailoring needles around the eye

## References

- 1. Favazza AR. The coming of age of self-mutilation. J Nerv Ment Dis 1998;186:259-68.
- Yang HK, Brown LE. Self-inflicted ocular mutilation. Am J Ophthalmol 1981;91:658-63.
- 3. Tapper CM, Bland RC, Danyluck L. Self-inflicted eye injuries. J Nerv Ment Dis 1979;167:311-4.

4. Stannard K, Leonard T, Holder G, Shilling J. Oedipism reviewed: A case of bilateral ocular self-mutilation. Br J Ophthalmol 1984;68:276-80.

Cite this article as: Gaur S, Bist HK, Sinha V, Gupta M. An unusual case of self-inflicted multiple needles injuries to eye. Indian J Ophthalmol 2013;61:516-7.

Source of Support: Nil. Conflict of Interest: None declared.